

Toward More Individualized Medicine: Introducing the *Women of Color Health Data Book, Fourth Edition*

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CONSIDER THE FOLLOWING CASE STUDY.

Daniela G., a 52-year-old moderately overweight Latina, arrives as a new patient at a family practice in her community. It is her first visit to the doctor since her youngest child was born 18 years earlier, as she has newly acquired insurance coverage from the Affordable Care Act. Her complaints include difficulty seeing on the right side, mild headaches, and problems with concentration and writing.

What would be your first impression of this patient? Her vision and motor problems could be due to a fall, or they could be early signs of diabetes or hypertension-related stroke, both common in middle-age women with elevated body mass index. But as a woman of color, what features make Daniela unique with regard to health? How do race, ethnicity, and cultural influences affect the health of women of color like her in ways that might escape the attention of routine health care?

As a woman of color, our fictitious patient may not conform to standard medical practice that often fails to consider the unique challenges she faces. Daniela came to the United States from Guatemala as a child to work in the fields and orchards, a job she held until age 17. Since acquiring U.S. citizenship, she received her GED and has been trying to attend community college part time. Her symptoms are making it hard for her to pay attention in class and have also led to minor vehicular accidents in which she suffered no significant injuries. Physical examination reveals that Daniela has normal blood pressure, a gross right-visual field defect, mild papilledema, and intermittent paraphasia. A computerized tomography scan identified an intracranial mass, suggesting a tumor. Daniela has a brain tumor—no diabetes, hypertension, or a stroke.

Cancer is the leading cause of death in Hispanic women.¹ And despite having a lower incidence of cancers overall, migrant field workers like her have increased rates of central nervous system neoplasms.² What's more, because Hispanic culture highly values home remedies, individuals may seek the advice of family, friends, and folk healers as the first step in addressing health problems. This can delay the care-seeking process and may be costly in terms of either morbidity or mortality.³ Indeed, Daniela has not had any preventive care for nearly two decades.

By 2043, the United States is predicted to become a majority "minority" nation of Hispanics and other non-whites, including African Americans, American Indians/Alaska Natives, and Asians/Pacific Islanders.⁴ By 2050, women of color will represent 53% of the total U.S. female population.⁵ Introduced in October 2014, the *Women of Color Health Data Book, fourth edition*, is the most up-to-date resource informing health care providers and researchers in biomedicine and health policy about the unique health features of women of color. This publication presents data on race/ethnicity and disease with relevant discussions of historical, cultural, and socio-geo-demographic factors that affect the health status of women of color. Please find highlights from the *Data Book* in this issue of the *Journal of Women's Health*.

Certainly, women of color are not a singular group, as health is determined by a wide range of factors including biology, genetics, culture, behavior, and access to care. It is important for the health community to understand and recognize different patterns of health disparities and health determinants among stratified populations such as within women of color. The *Data Book* also provides examples of sex differences within various cultures and people of color. Stratifying for women of color reveals notable patterns that affect health care delivery and research design (see Table 1).

Recent research among U.S. adults on mortality rates from all causes illustrates the need to disaggregate data simultaneously by both sex/gender and race/ethnicity. For example, the "Hispanic paradox" describes a situation in which Hispanic health outcomes are the same as or better than those of white non-Hispanics, despite lower income and educational attainment and very poor access to health care common to many Latina communities. One report determined that the paradox existed for Hispanic women only, and other research has noted variation related to country of origin and age.⁶ This is indeed a complicated arena.

Socioeconomic and employment conditions of women of color influences access to health insurance and therefore health care. Hispanics, along with African Americans, are more likely than non-Hispanic whites to be among the working poor, holding jobs of low status and earning low pay. As a result, Hispanics are more than three times as likely as

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TABLE. 1. LEADING CAUSES OF DEATH FOR WOMEN OF COLOR

<i>Race/ethnicity</i>	<i>Cause of death (descending order)</i>			
Black	Heart disease	Cancer	Stroke	Diabetes
White	Heart disease	Cancer	CLRD	Stroke
Asian/Pacific Islander	Cancer	Heart disease	Stroke	Diabetes
Hispanic	Cancer	Heart disease	Stroke	Diabetes
American Indian/Alaska Native	Cancer	Heart disease	Unintentional injury ^a	Diabetes

^aAmerican Indian victims of intimate and family violence are more likely than other races to need medical attention. CLRD, chronic lower respiratory disease.

non-Hispanic whites and nearly twice as likely as blacks to be full-time workers but to also lack health insurance.⁷

Among populations of color, in addition to socioeconomic status, acculturation—the process of psychological and behavioral change that people undergo as a consequence of long-term contact with another culture—plays a significant role in the incidence of health conditions and access to health care. Discrimination, prejudice, and exclusion (based on language, skin color, or other factors), perhaps for the first time, present a person of color with the dilemma of identifying with a newly acquired “minority” status. This perception often can affect health-seeking behavior, as well as disparities in health care delivery.

In this modern era of biomedicine—amid the genomic revolution and many paradigm-shifting technologies—we face a massive shift in the racial, ethnic, and cultural makeup of our nation. It is imperative that we recognize and celebrate differences in these realms. It is also essential that we call upon the correct evidence to make health care decisions and to learn more about the rich fabric of modern America. We hope that the *Women of Color Health Data Book, fourth edition*, provides the tools to take a bold step in that direction.

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